War Neuroses.—MacCurdy (*Psychiatric Bulletin of the New York State Hospitals*, July, 1917) says although the term "shell-shock" has been adopted officially by the British War Office, as the diagnostic term to cover all neuroses arising among officers and soldiers of the armies, the name "war neuroses" is considered more advisable by the writer. In a little over 100 pages he gives a comprehensive survey of these conditions, with detailed reports of 27 cases. These were observed in British hospitals during a period of two months, and in their number were both officers and men. The two main types of war neuroses are conditions of anxiety on the one hand and of simple conversion hysteria on the other. The former may also be designated as anxiety states, for anxiety is the most prominent and consistent feature in the clinical picture. These cases bear most resemblance to what is frequently termed "neurasthenia" in civil practice. The first sign of an approaching neurosis is fatigue. This is not ordinary fatigue, which is completely removed by rest, even of quite brief duration. The conditions producing the fatigue are both physical and mental. Those on the physical side are the obvious ones of long hours of duty, combined often with irregularity of meals, shortness of water supply, exposure to extremes of temperature, and to frequent storms. Important as these are, however, they are probably of less influence in the production of neurotic fatigue than are the purely mental influences. The most common and important of these is the strain of continuing in a dull routine that demands a constant alertness, a speediness of decision, complete self-confidence, and a spontaneous eagerness; and this mental attitude must be maintained for hours at a time, even days, without sleep, often without the distraction of food, and in the face of constant danger. Other factors contributing to the development of fatigue are personal antagonism to an associate, susceptibility to particular discomforts, such as presence of vermin or bad odors, particularly of unburied bodies. It is a striking fact that anxiety conditions in a pure state occur almost exclusively among officers, and this may well be because of their greater responsibilities in the mental sphere. It is their task not merely to keep their own feelings in subjugation but to inspire the men beneath them with courage and enthusiasm. The various stages in the progress of the conditions are followed out in detail by the author, with illustrative cases. The role of concussion in the production of anxiety states has been emphasized by the more organically-minded neurologists. But in this series of cases, less than a fourth showed concussion as a preponderating factor. Two-thirds had no suggestion whatever of concussion in their history. Attempts should be made by neurologists to discriminate between the symptoms which are to be accounted for on a physical basis and those more purely psychological in origin. The treatment of the anxiety states is effective in a large number of cases, and some of the guiding points are here outlined. The conversion hysterias are much simpler in mechanism than the anxiety states, and it is less difficult to understand them and to treat them. Conversion neuroses may be defined as neuroses in which there is an alteration or dissociation of consciousness regarding some physical function. The term is used because an idea is transferred over into a physical symptom. The cases are confined almost entirely to privates and non-commissioned officers, and the more important symptoms are those which obviously provide the patient with a relief from active service. Mutism is the commonest, possibly, and deafness is fairly frequent, and next in importance are motor disturbances. Fatigue is usually the first symptom discoverable, but it is not often so severe as in the anxiety cases and its effects are not so well marked. More frequently there is a history of pure diurnal dissatisfaction. There is almost always some weariness and a distinct antagonism to fighting. This attitude of antagonism with some idea of release constitutes the background of the hysteria. Various types of treatment are in common use. Any form of suggestion, particularly hypnotism, is often effective in the removal of the immediate symptoms. Drawbacks to this method and indications for other lines of treatment are discussed. Under the heading of heart neuroses are considered briefly that condition which has been termed "soldier's heart" or "disordered action of the heart." This is found in a rather large group of men who are invalided from the trenches with heart symptoms but who show no signs of valvular trouble. The cardinal symptoms are weakness, shortness of breath, palpitation, and dizziness. Some think the condition a form of war anxiety neurosis. The patients examined by the writer were not neurotics in the narrow sense of the word. These war neuroses are apparently a corollary of modern methods of fighting. There is something in the modern trench warfare, combined with the appalling artillery fire, which tends to produce a condition of what might loosely be termed neuropsychic instability. In the Boer war nothing similar was observed, and the first reports of these conditions came from the Russo-Japanese war. W. H. F. A.

Infective Jaundice.—DAWSON, HUME, BEDSON (*British Med. Jour.*, September 15, 1917) state epidemics of jaundice have been of frequent occurrence among armies in the field. Early in this war the authors began to observe severe cases of jaundice in which there were high fever, hemorrhages, enlargement of the liver, and a tendency to febrile relapses, which in no way conformed to the typhoid group. During the same period, Japanese investigators, Inada and Ido, and their co-workers had found by animal experimentation that cases of febrile icterus in Japan were caused by a specific organism which they named Spirocheta icterohemorrhagiæ. This is described in two recent papers in the *Journal of Experimental Medicine*, 1916. Following the line of investigation suggested by this discovery, the present authors have been able to prove that the infectious disease usually accompanied by jaundice which they had been studying among the French and British troops in France is also due to this spirochete. In a case of moderate severity the following features are noteworthy: Sudden onset, vomiting with high fever, marked prostration, occurrence of melena and hemoptysis, hemorrhagic herpes on the lips, appearance of jaundice on the fourth or fifth day which increases up to tenth or twelfth day, fall of temperature at the end of eleven days and the finding of typical spirochetes in the urine after ten to fourteen days. The urine usually contains a large quantity of bile, and albumin can nearly always be detected. The liver is usually considerably enlarged but the spleen is practically unchanged. The mortality is estimated at 4 to 5 per cent. Their treatment thus far has been purely symptomatic. The